THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org B36 HNEC

RECEIVE

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PARTI LOBBYIST** TELÉPHONE G NAME(Last) (First) (Middle) 543**–**5660 **BONNET** William Α. MAILING ADDRESS (Street) FAX P. O. Box 2750 543-7202 (City) (Zip Code) (State) Honolulu Hawaii 96840-0001 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE MAILING ADDRESS (Street) **FAX** (Zip Code) (City) (State)

PART II ORGANIZATIO	ON .		
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaiian Electric Co	532-5860		
MAILING ADDRESS (Street)	FAX		
P. O. Box 2750		532-5864	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	06840-0001	
NAME OF PERSON RESPONSIBLE	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Marcia Wright		532-5860	
MAILING ADDRESS (Street)		FAX	
P. O. Box 2750		532-5864	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
	Agriculture	Education	Human Services	XX	Science, Technology & Economic Development			
XX	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation			
XX	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment		Transportation			
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management		Other: (indicate below)			
XX	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections					

PART IV CERTIFICATION OF LOBBYIST

I have by contifue that the information furnished above is to the hart of my financial and account to						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
$I = I \setminus I \setminus I \setminus I \cap I$		- JAN11427 17, 2005				
	e V	- ANUARY 17, 2005				
(Sig	nature of Lobbyist)	(Date)				
PART V AUTHORIZATION TO	LOBBY					
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE				
Molly M. Egged		Secretary				
NAME OF ORGANIZATION (if applicable	e)	TELEPHONE				
Hawaiian Electric	Company, Inc.	543-7728				
MAILING ADDRESS (Street)	The state of the s	FAX				
P. O. Box 2750		543-7523				
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96840-0001				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
$ \frac{1}{2}$	1/M	1/31/05				
(Signature of Authoriz	ing Officer or Person Represer	nted) (Date)				